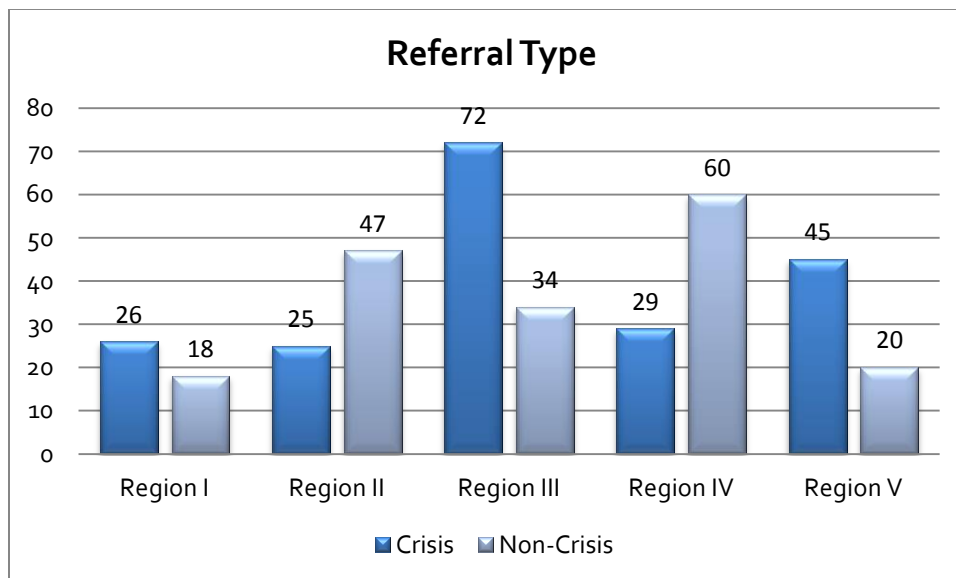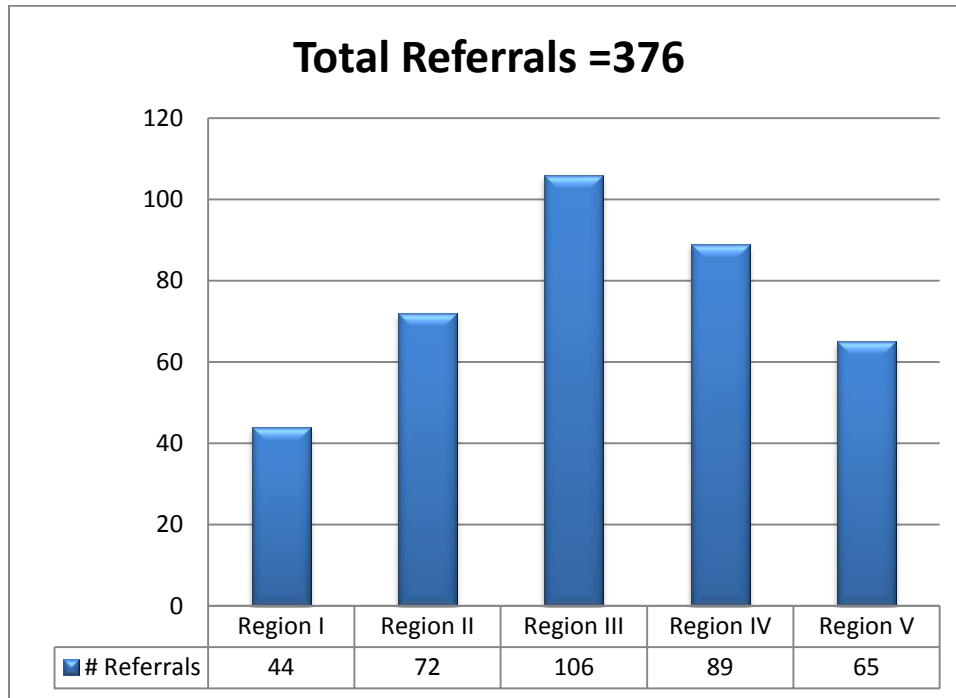**REACH Data Summary Report-Adult: Quarter III/FY17**

This report provides data summarizing the referral activity, service provision, and residential outcomes for adult individuals served by the REACH programs during the third quarter of fiscal year 2017.

REACH Referral Activity

Total Referrals =376

	Region I	Region II	Region III	Region IV	Region V
# Referrals	44	72	106	89	65

Referral Type — Crisis / Non-Crisis

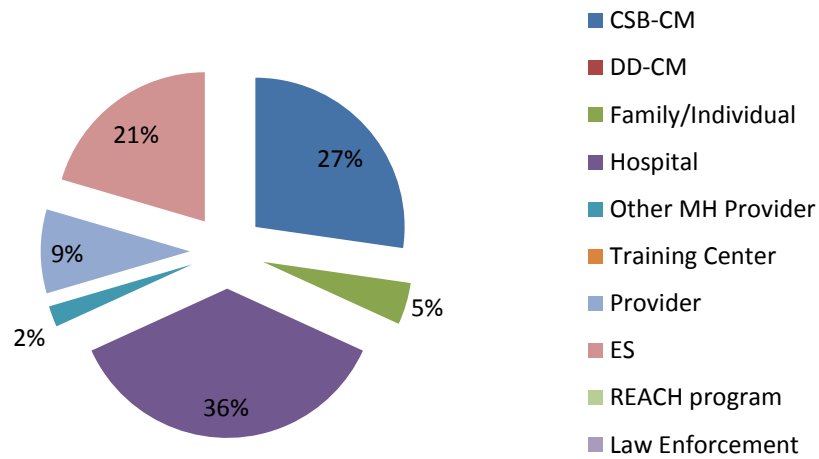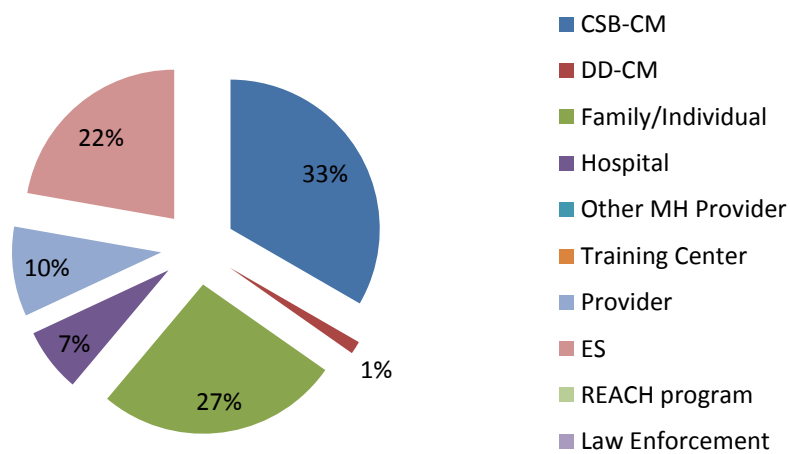|	Region I	Region II	Region III	Region IV	Region V
Crisis	26	25	72	29	45
Non-Crisis	18	47	34	60	20

Referral activity for the third quarter of fiscal year 2017 is presented in the graph on the preceding page. Referral numbers for Quarter III have remained increased from the previous quarter (FY17 Q1: 281; FY17 Q2: 301; FY17 Q3: 376). Region III received the largest number of referrals, and Region I the fewest.

Referral activity is also considered by differentiating the source of the request for service. The following five charts show a breakdown by region of referral source data. The subsequent table offers information about the day of the week and time of day that referrals are received by the programs.

Region I: Percent by Referral Source

CSB-CM 27%
Family/Individual 5%
Hospital 36%
Other MH Provider 2%
Provider 9%
ES 21%

Legend: CSB-CM, DD-CM, Family/Individual, Hospital, Other MH Provider, Training Center, Provider, ES, REACH program, Law Enforcement

Region II: Percent by Referral Source

CSB-CM 33%
DD-CM 1%
Family/Individual 27%
Hospital 7%
Provider 10%
ES 22%

Legend: CSB-CM, DD-CM, Family/Individual, Hospital, Other MH Provider, Training Center, Provider, ES, REACH program, Law Enforcement

Region III: Percent Referrals by Source

- CSB-CM
- DD-CM
- Family/Individual
- Hospital
- Other MH Provider
- Training Center
- Provider
- ES
- REACH program
- Law Enforcement

2%
35%
50%
5%
2%
6%
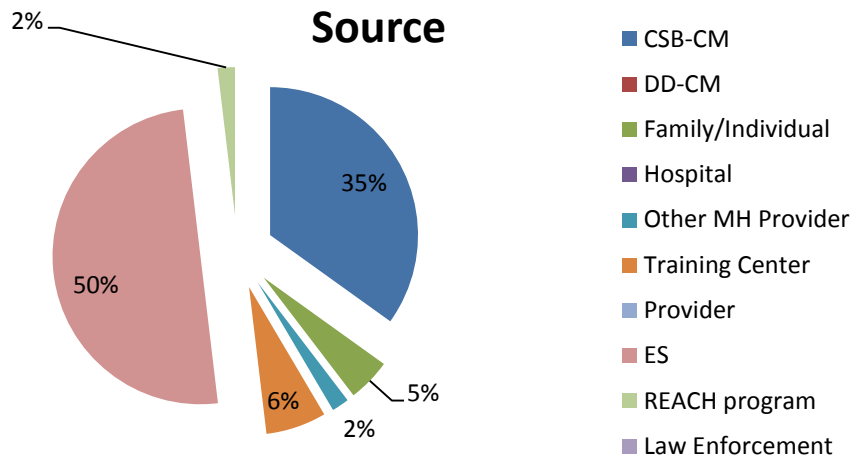
Region IV: Percent by Referral Source

- CSB-CM
- DD-CM
- Family/Individual
- Hospital
- Other MH Provider
- Training Center
- Provider
- ES
- REACH program
- Law Enforcement

5%
1%
15%
1%
12%
10%
26%
30%

Region V: Percent Referrals by Source
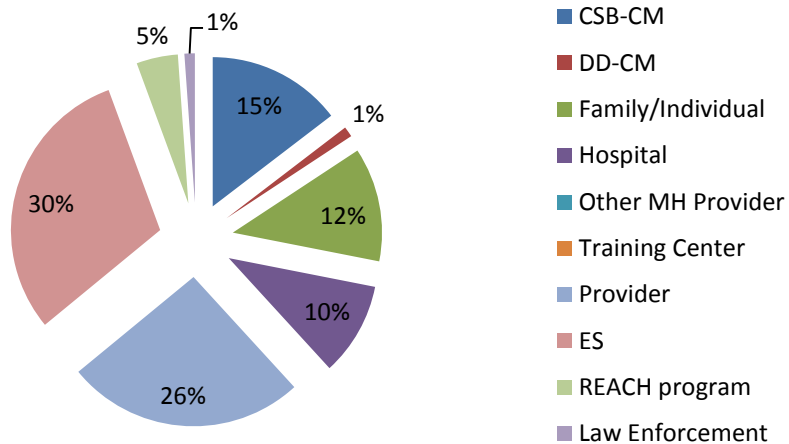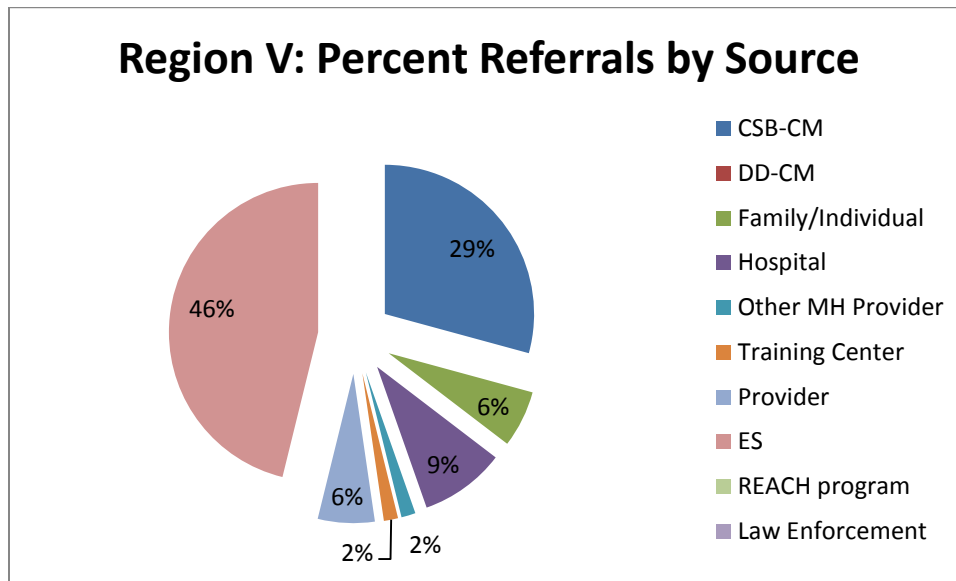
Referral sources cover a broad range of stakeholders when the state is considered as a whole. The subsequent table provides a breakdown of referrals by days and times.

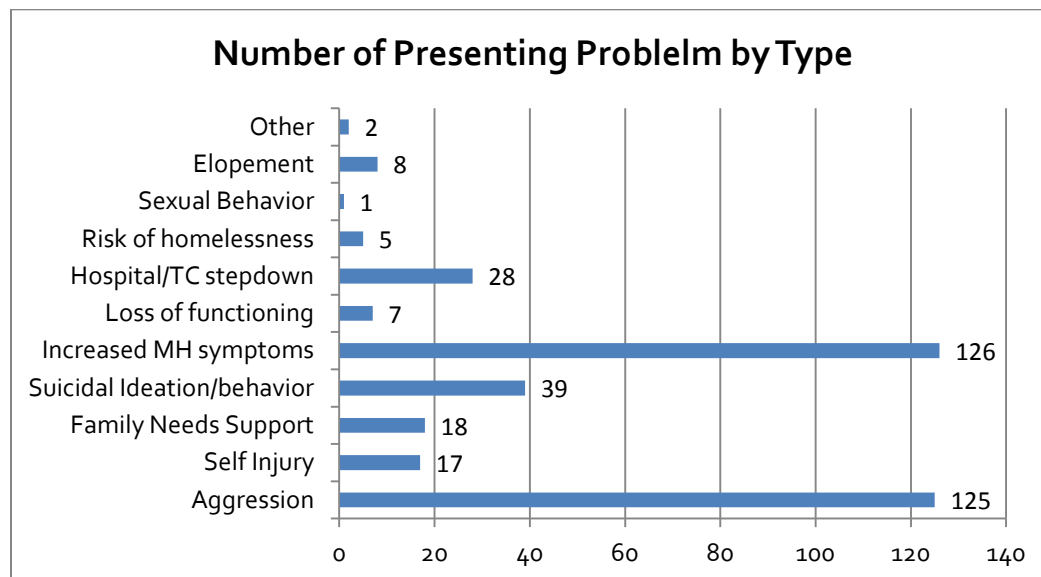| Referral Time	Region I	Region II	Region III	Region IV	Region V
Monday-Friday	54	67	75	47	94
Weekends/Holidays	9	5	14	18	12
7am-2:59pm	24	43	39	41	51
3pm-10:59pm	36	27	45	18	44
11pm-6:59am	3	2	5	6	11

Also of interest to the Commonwealth is ensuring that the REACH programs serve the DD community in its entirety and effectively. The table below summarizes the breakdown of individuals referred to REACH with an intellectual disability only, an intellectual and developmental disability, developmental disability only, and Unknown/None. "Unknown" refers to individuals who are still in the referral process at the end of the quarter and documentation of disability is being verified, and "None" references individuals for whom a referral was taken but diagnostic criteria was not substantiated.

Diagnosis	Region I	Region II	Region III	Region IV	Region V
ID Only	23	36	71	54	45
DD Only	2	18	15	10	15
ID/DD	10	13	16	15	4
Unknown/None	9	5	4	10	1

In terms of what type of clinical issues bring individuals to the REACH programs for support, increased mental health symptoms surpassed aggression by one referral this quarter. Aggressive

behavior includes physical aggression, verbal threats, and property destruction. Following the summary table below, a graph presents the same information aggregated across all five regions.

Presenting Problems	Region I	Region II	Region III	Region IV	Region V
Aggression	15	26	29	26	29
Self-Injury	1	3	8	5	0
Family Needs Support	1	3	2	12	0
Suicidal Ideation/behavior	6	5	20	6	2
Increased MH symptoms	11	26	23	34	32
Loss of functioning	0	0	3	3	1
Hospital/TC stepdown	6	5	15	2	0
Risk of homelessness	1	0	3	1	0
Elopement	0	1	0	0	0
Other	3	1	3	0	1
Sexual Behavior	0	2	0	0	0

Number of Presenting Problelm by Type

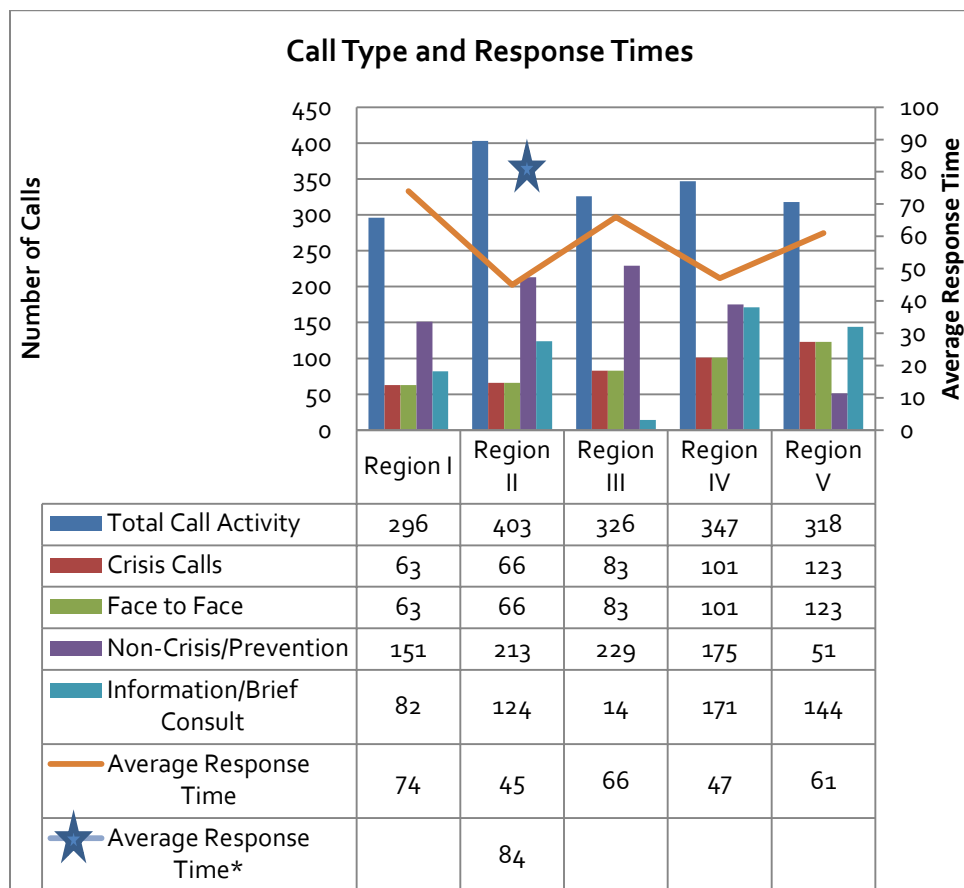| Type	Value
Other	2
Elopement	8
Sexual Behavior	1
Risk of homelessness	5
Hospital/TC stepdown	28
Loss of functioning	7
Increased MH symptoms	126
Suicidal Ideation/behavior	39
Family Needs Support	18
Self Injury	17
Aggression	125

REACH Crisis Response

Each of the five regional REACH programs operates a crisis line 24-hours per day, seven days per week. Arriving calls may be from existing REACH clients or from systems in the midst of an escalating situation. Calls are responded to in one of two ways: either by telephone consultation or through an on-site, face-to-face assessment and intervention. Because the crisis line allows an individual to access a trained clinician 24/7, it is being used more and more frequently by REACH clients and their circles of support to maintain stability or to assist the individual in problem solving through a stressful situation. The "crisis" line is becoming a primary tool of prevention for some of the programs. REACH clinicians are expected to respond in-person to situations that meet the acuity level of a crisis, and this includes partnering with emergency services prescreening staff when a Temporary Detention Order is being considered. Non-crisis calls that are received by the programs are understood to serve a preventive role and may be a prescribed element within a written Crisis Education and Prevention Plan (CEPP). Domains of interest related to crisis line activity include the following:

➢ Crisis calls
➢ Non-crisis/Prevention
➢ Information/brief consult
➢ In-person assessment/intervention
➢ Total crisis line activity
➢ Average response time

A summary of information related to these elements is depicted in the graph below. Please note that this graph encompasses all calls received on the crisis line during the review cycle. It includes on-site responses to existing REACH clients, repeat calls from individuals, as well as new referrals who may be contacting REACH for the first time. Therefore, call totals, when combined across categories will exceed the total number of referrals for the quarter. As has been noted before, crisis line activity and referral activity are best understood as separate elements.

Call Type and Response Times

	Region I	Region II	Region III	Region IV	Region V
Total Call Activity	296	403	326	347	318
Crisis Calls	63	66	83	101	123
Face to Face	63	66	83	101	123
Non-Crisis/Prevention	151	213	229	175	51
Information/Brief Consult	82	124	14	171	144
Average Response Time	74	45	66	47	61
Average Response Time*		84			

Average response time is graphed on a secondary axis, represented by the orange line. This emphasizes that the data element represents a different unit of measurement and allows variability to be clearly seen. All regions are meeting expectations regarding average time to respond to the scene of the crisis event. Regions II* (Urban) and IV must have an average annual response time of within one hour, and their average response times are below the standard for these urban regions. Regions I, II* (Rural), III, and V have an average annual response time of two hours. It should be noted that when DBHDS realigned some of the CSBs, and responsibility for response was shifted, splitting up data for the response time for Region II became critical since they were primarily an urban Region and two of the CSBs they took responsibility for are designated as rural and require additional response time. All regions are also responding well below their allotted time, with average response times very close to the shorter average annual response time applied only to urban regions. The table on the following page breaks out response times by 30 minute intervals, offering a finer discrimination of response time data. The graph just below that table shows this same data visually, showing response time intervals as percentage of total responses.

	Total Calls	Region I	Region IIU	Region IIR	Region III	Region IV	Region V
Response Interval: 0-30	80	9	16	3	16	18	18
Response Interval: 31-60	209	14	31	4	33	72	55
Response Interval: 61-90	75	21	3	4	12	6	29
Response Interval: 91-120	59	18	2	3	16	3	17
Response Interval: 120+	13	1	0	0	6	2	4
Total	436	63	52	14	83	101	123
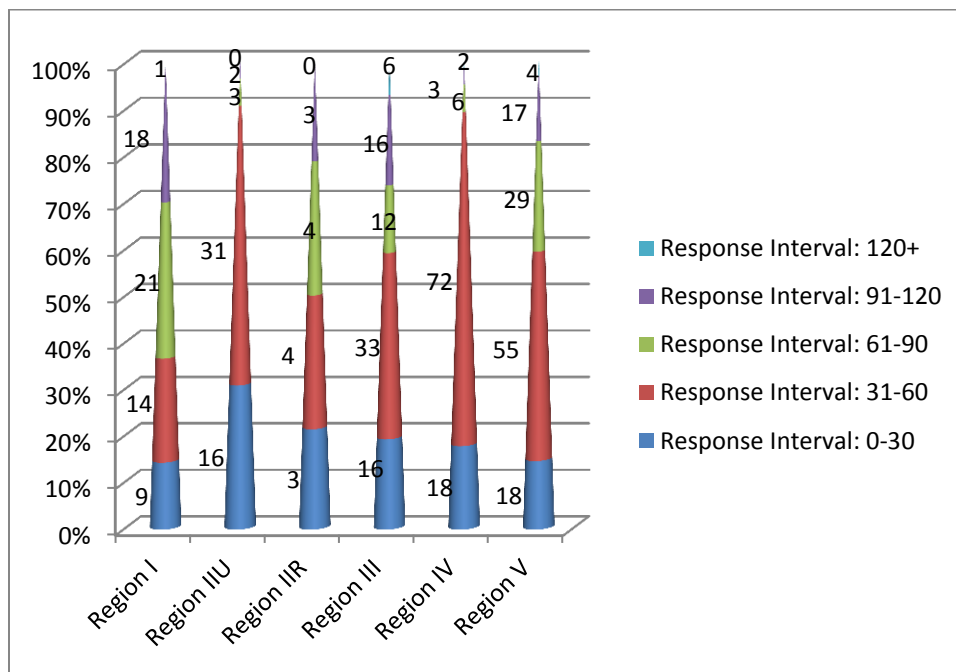
Location of Crisis Assessments

Assessment Location	Region I	Region II	Region III	Region IV	Region V
Family Home/Individual Home	18	10	3	24	16
Hospital/Emergency Room	34	20	68	39	76
Residential Provider	0	13	3	29	23
Day Program	3	4	0	3	1
Emergency Services/CSB	2	17	8	5	3
Police Station	0	0	1	0	0
Other Community Setting*	6	2	0	1	4

*Other settings include: homeless shelter, park, street corner, retail store, school, restaurant, and magistrate

When indicated, the REACH programs are expected to arrive at the physical site of the crisis event, regardless of the nature of the setting. The table above provides a summary of the various locations where mobile crisis assessments took place over the course of the third quarter of FY17.

Crisis Therapeutic House

Each of the five REACH programs operates a Crisis Therapeutic Home (CTH) that accepts both crisis stabilization admissions, step downs from hospitals and jails, and planned, preventive stays. Region specific information related to type of stay, length of stay, readmissions, waitlists, etc. is presented in the graph below.

CTH Utilization

Solid Fill = Cases

Gradient Fill = Average # of Days

	Region I	Region II	Region III	Region IV	Region V
Admits/stab	12	2	8	8	5
Admits/prevention	5	6	19	9	0
Admits/stepdown	6	6	8	7	4
Avg. Length of Stay/Stab	23	63	48	11	37
Avg. Length of Stay/Prevention	4	11	5	4	0
Avg. Length of Stay/Stepdown	19	40	22	10	39
Total Readmits Stab	0	0	0	0	0
Total Readmits Prevention	0	0	3	0	0
Total Readmits Stepdown	0	0	1	1	0

The Commonwealth has been closely monitoring capacity of REACH programs across the Commonwealth. Region II, III, and V had multiple individuals who, when first referred to the program, did not have supports and services and required extensive linkages including getting connected to the DD service system. In all instances, the Therapeutic Home is working with the CSB to ensure the individual is linked to appropriate supports and services. All programs are responsible for working with the Department as well to ensure that the system is working together to ensure an appropriate resolution and placement for the individual being supported.

Additionally, the Department is working to address follow-through on services to ensure all parties are working diligently to address the needs of individuals without disposition.

The graph below provides information regarding CTH capacity. Please note that waitlist days are **not** consecutive. This number reflects the cumulative number of days across the quarter when a bed was not available when requested for an *appropriate* admission to the CTH.
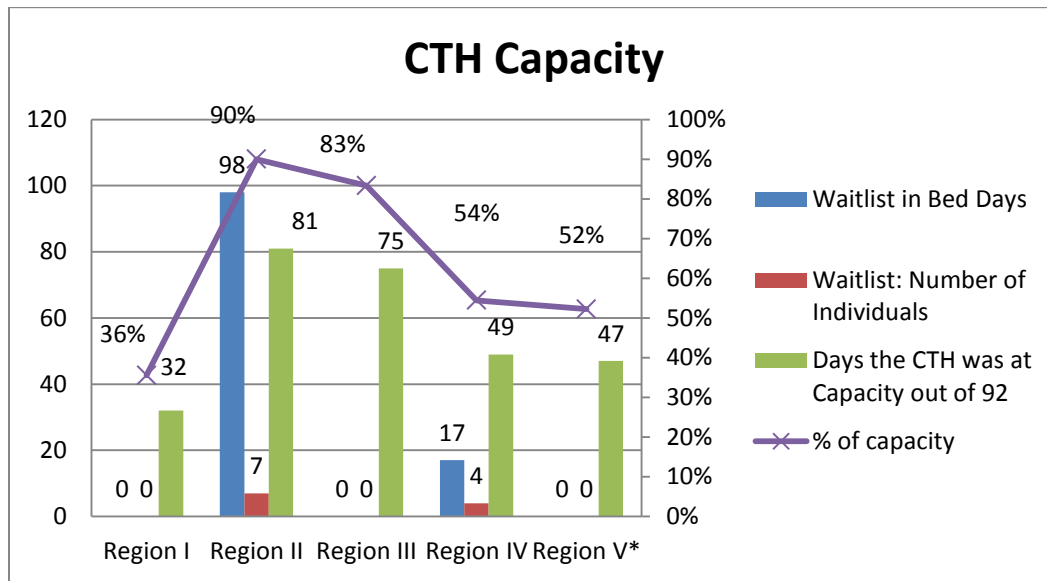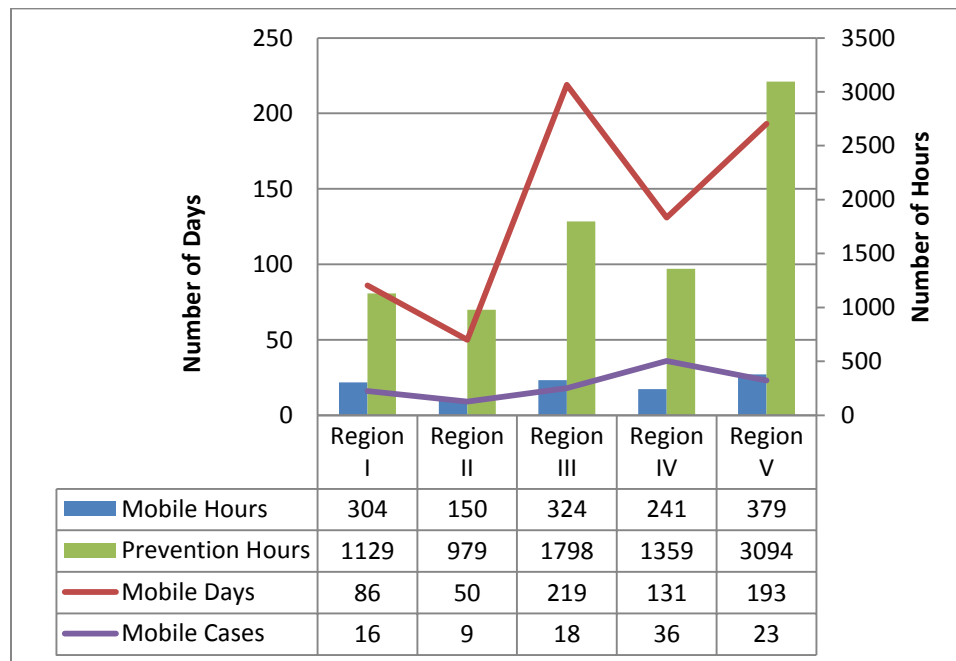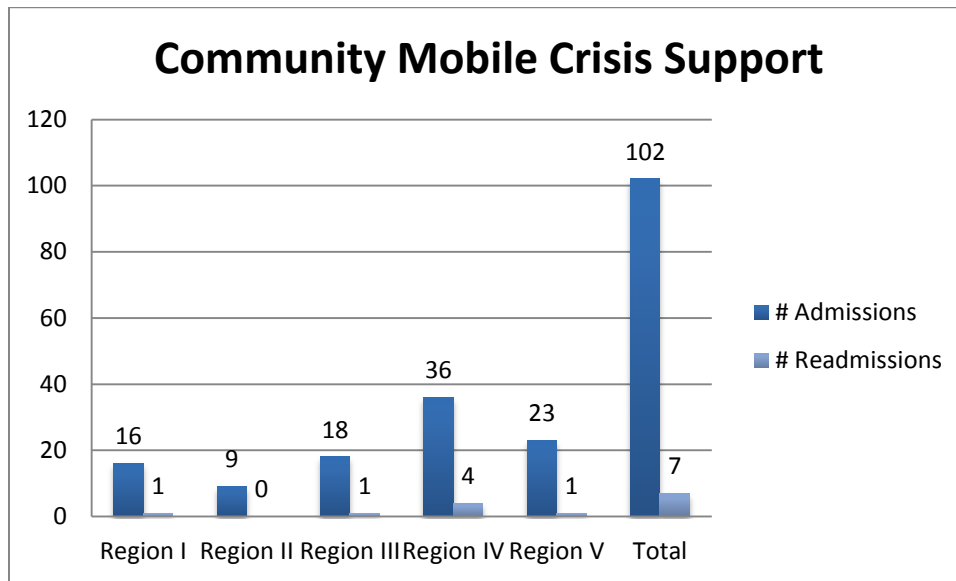

A review of the capacity data for the third quarter indicates that there were 11 individuals who waited for admission into the CTH, with seven of those individuals waiting in Region II. DBHDS is monitoring Region II's increase closely as this is due to multiple factors including shift in population responsibility as well as delayed discharges as described above.

Individuals were offered other services while they waited for admission to the CTH. Of the 11 individuals who were waiting to access a bed at the CTHs, 3 received mobile supports, 1 offered but declined mobile supports, 1 was offered but declined another CTH and mobile supports, and 6 people were hospitalized (4 might have been able to be diverted but CTH in region was at capacity, and CTH out of region and mobile supports declined) and had delayed discharges from the hospital.

<div align="center">

Community Mobile Crisis Stabilization

</div>

In addition to the CTH, the REACH programs offer mobile, community-based crisis intervention and stabilization plans. The graphs that follow provide information on the utilization of community mobile support services.

Community Mobile Crisis Support

	Region I	Region II	Region III	Region IV	Region V	Total
# Admissions	16	9	18	36	23	102
# Readmissions	1	0	1	4	1	7

	Region I	Region II	Region III	Region IV	Region V
Mobile Hours	304	150	324	241	379
Prevention Hours	1129	979	1798	1359	3094
Mobile Days	86	50	219	131	193
Mobile Cases	16	9	18	36	23

Mobile crisis stabilization services typically involve REACH clinicians going to the homes, day program, work site, or recreational site frequented by the individual to work with them on developing and practicing coping skills, and problem solving situations that arise in the settings where they spend their time. Concurrently, they assist care providers in learning to work successfully with the people they serve. This may involve helping them to effectively coach the individual through the use of a coping strategy during periods of distress, enhancing their communication skills, or making modifications to the environment or daily routine. The bottom

end of range of days that services are provided is one for all regions. Generally, cases are provided with service for about 3 to 5 days. Data for the present quarter regarding the range in service days as well as the average number of days and hours crisis supports were in place is as follows:
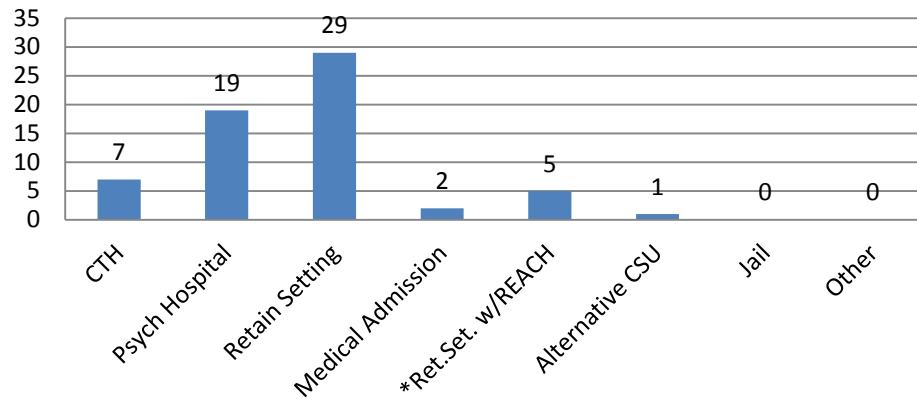
Service Unit	Region I	Region II	Region III	Region IV	Region V
Range of Days	2-15	1-11	1-15	1-8	1-15
Average Days/ Case	5.4	5.6	12.2	3.6	8.4
Average Hours/Day	3.5	3.0	1.5	1.8	2.0
Average Hours/Case	19.0	16.7	18.0	6.7	16.5

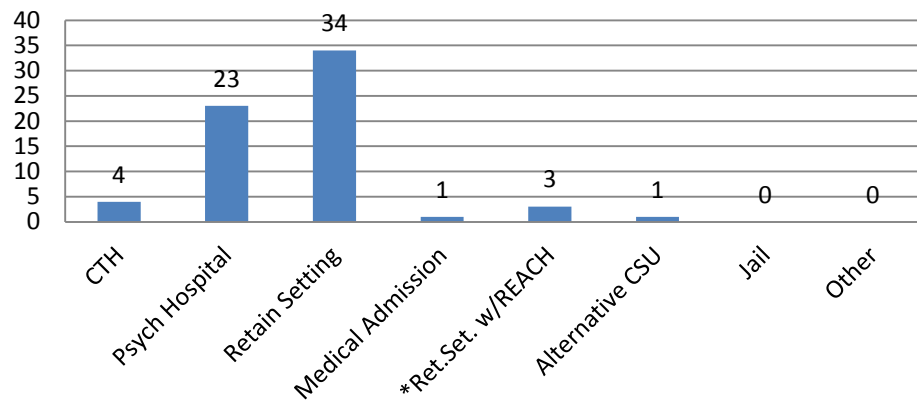**Crisis Service Outcomes/Dispositions**

Maintaining residential stability and community integration is one of the primary goals of the REACH programs. Disposition data from three different perspectives are considered in this report. First, what is the outcome when a crisis assessment is needed? Second, what is the outcome when one is admitted to the CTH? Third, what is the outcome when mobile supports are put in place to stabilize the situation and avoid the need for CTH admission, hospitalization, or some other disposition that involves disrupting the person's residential setting?

The following graphs provide a summary of outcome data for crisis responses for each of the five regions. In other words, when a call is received by REACH on the crisis line, what is the disposition of the individual at the end of that single event? Based upon reported data of the outcome of mobile crisis responses, it continues to be the case that a substantial majority of situations resolve with the individual remaining in their current residential setting.

Region I: Disposition at Time of Crisis Assessment

Bar chart values:
- CTH: 7
- Psych Hospital: 19
- Retain Setting: 29
- Medical Admission: 2
- *Ret.Set. w/REACH: 5
- Alternative CSU: 1
- Jail: 0
- Other: 0

Region II: Disposition at Time of Crisis Assessment

Bar chart values:
- CTH: 4
- Psych Hospital: 23
- Retain Setting: 34
- Medical Admission: 1
- *Ret.Set. w/REACH: 3
- Alternative CSU: 1
- Jail: 0
- Other: 0

Region III: Disposition at Time of Crisis Assessment

Category	Value
CTH	5
Psych Hospital	38
Retain Setting	20
Medical Admission	5
*Ret.Set. w/REACH	3
Alternative CSU	11
Jail	0
Other	1
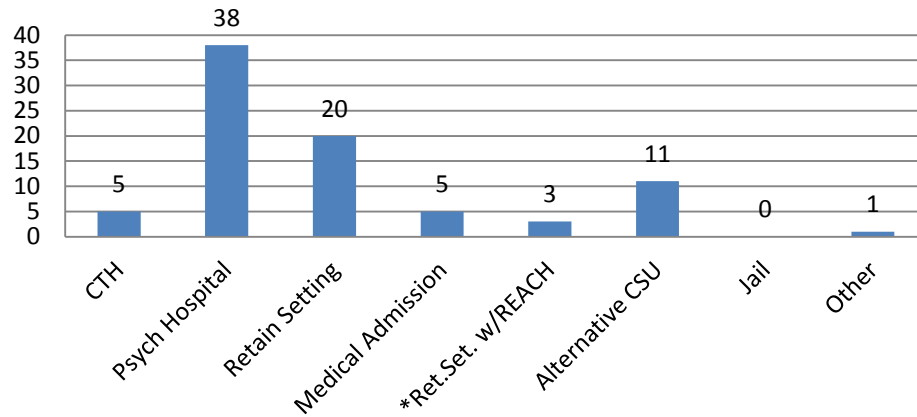
Region IV: Disposition at Time of Crisis Assessment

Category	Value
CTH	1
Psych Hospital	28
Retain Setting	38
Medical Admission	0
*Ret.Set. w/REACH	33
Alternative CSU	0
Jail	0
Other	1

Region V: Disposition at Time of Crisis Assessment

Values by category:
- CTH: 3
- Psych Hospital: 46
- Retain Setting: 43
- Medical Admission: 1
- *Ret.Set. w/REACH: 29
- Alternative CSU: 0
- Jail: 0
- Other: 1
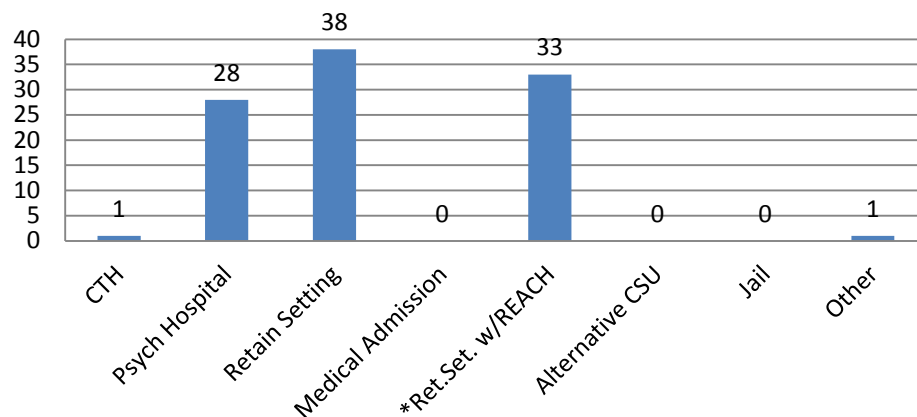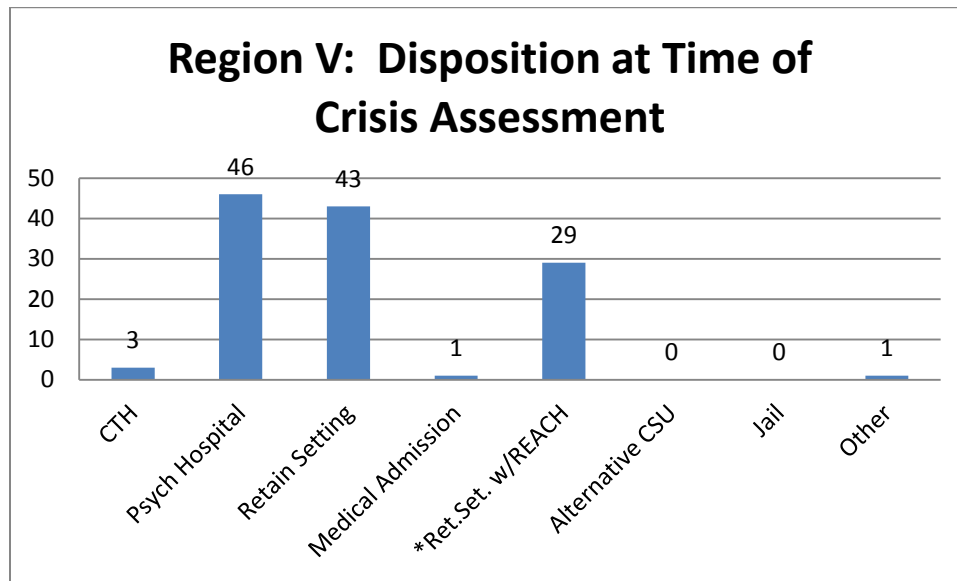
Another important aspect of outcome data is to look at what happens to individuals who receive a particular service from REACH through either the CTH or community mobile support program. The following charts give information on outcomes for individuals who have received mobile supports or who have had a stay in the CTH. For individuals receiving either mobile, community-based interventions or interventions within the CTH, the most frequent result is residential stabilization.

Region I: Discharge Disposition by Service Type

	Psychiatric Hosp.	Medical Hosp.	Retained Setting	New Residential Setting	Jail	Other	CTH
CTH	1	0	14	2	0	0	6
Mobile	0	0	16	0	0	0	0
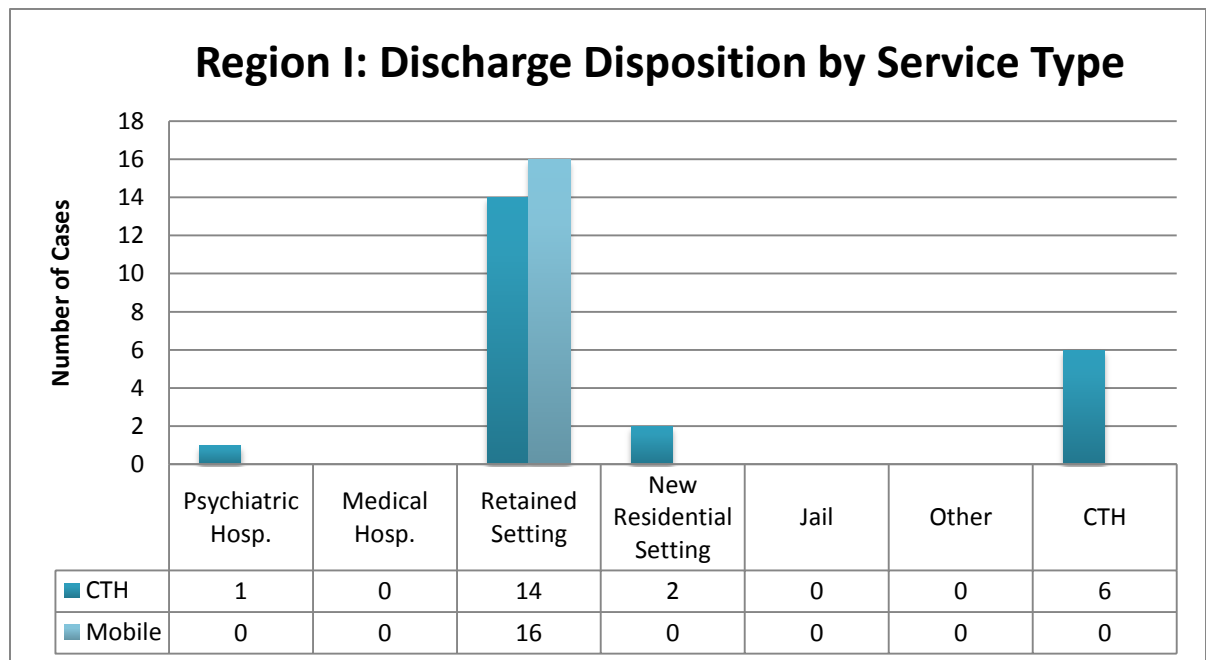
Region II: Discharge Disposition by Service Type

Number of Cases

	Psychiatric Hosp.	Medical Hosp.	Retained Setting	New Residential Setting	Jail	Other	CTH
CTH	2	0	8	4	0	0	0
Mobile	1	0	8	0	0	0	0
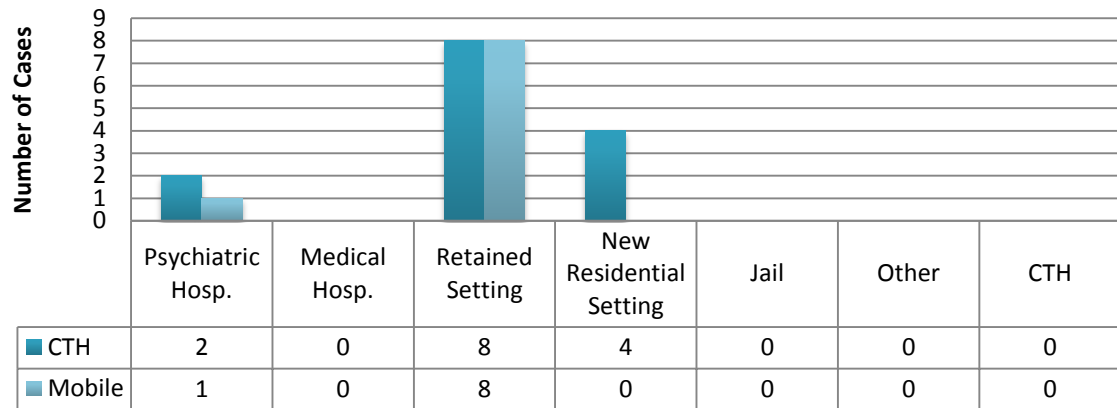
Region III: Discharge Disposition by Service Type

	Psychiatric Hosp.	Medical Hosp.	Retained Setting	New Residential Setting	Jail	Other	CTH
CTH	1	1	29	3	0	0	1
Mobile	2	1	15	0	0	0	0

Region IV: Discharge Disposition by Service Type

	Psychiatric Hosp.	Medical Hosp.	Retained Setting	New Residential Setting	Jail	Other	CTH
■ CTH	2	0	12	5	0	0	5
■ Mobile	3	0	33	0	0	2	2

Region V: Discharge Disposition by Service Type

	Psychiatric Hosp.	Medical Hosp.	Retained Setting	New Residential Setting	Jail	Other	CTH
■ CTH	0	0	3	5	0	1	0
■ Mobile	4	0	16	0	0	0	3

SERVICE ELEMENTS

Each of the five regional REACH programs provides an array of services to individuals enrolled. These services include prevention and education services, assessment services, and consultation services. The tables below summarize the services provided in each of the three REACH program components.

Service Type: Crisis Stabilization (CTH)					
Service Type Delivered per Case	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	12	2	8	8	5
Consultation	12	2	8	8	5
Crisis Education Prevention Plan	12	2	8	8	5
Provider Training	8	2	8	8	5

Service Type Provided: Planned Prevention (CTH)					
Service Type Delivered Per Case	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	0	6	19	9	n/a
Consultation	5	6	19	9	n/a
Crisis Education Prevention Plan	5	1	16	9	n/a
Provider Training	0	1	16	9	n/a

Service Type: Crisis Stepdown (CTH)					
Service Type Delivered per Case	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	6	6	8	7	4
Consultation	6	6	8	7	4
Crisis Education Prevention Plan	6	5	7	7	4
Provider Training	4	5	7	7	4

Service Type Provided: Mobile Crisis Support					
Service Type	Region I	Region II	Region III	Region IV	Region V
Comprehensive Evaluation	16	9	18	36	23
Consultation	16	9	18	36	23
Crisis Education Prevention Plan	16	3	18	36	23
Provider Training	16	9	18	36	23

REACH Training Activities

REACH continues to expand its role as a training resource for the community of support providers, both paid and unpaid, who sustain relationships with DD individuals. The REACH programs continue to train law enforcement officers about the REACH program, and the REACH program leadership will be working to finalize the curriculum for DBHDS' statewide law enforcement training plan.

The table below provides a summary of attendance numbers for various trainings completed by the REACH programs. These trainings target the information needed by professionals in various work settings and are generally tailored to the specific needs of the audience. Region I offered an Autism specific training which was supported by DBHDS in July which was attended by professionals, family members, and others from across the Commonwealth.

Community Training Provided					
Training Activity	Region I	Region II	Region III	Region IV	Region V
CIT/Police: #Trained	12	54	5	78	18
Case Managers/Support Coordinators	58	11	48	39	162
Emergency Service Workers: #Trained	18	26	50	8	17
Family Members: # Trained	7	0	5	0	0
Hospital Staff: # Trained	0	0	20	0	46
DD Provider: #Trained	75	198	33	70	32
Other Community Partners: #Trained	0	0	0	103	149

Summary

This report provides a summary of data for the regional adult REACH programs for the third quarter of fiscal year 2017. Progress continues to be made in fulfilling all of the areas of the Settlement Agreement. Specifically, objectives have been both met and sustained in areas of providing a crisis response around the clock; responding within the time frames established by the Settlement Agreement; providing effective clinical services, both in the CTHs and in the mobile supports provided; and focusing on prevention and planning as vital aspects of the crisis response.

In keeping with the DBHDS' vision, all five of the programs are focusing on prevention work and outreach efforts. Once again, the number of prevention hours reported by the programs is much greater than that devoted to crisis stabilization efforts. Readmissions to the CTH and the mobile support program remain low, which may be a reflection of the follow up and prevention that occurs as a part of the REACH programs.

The Department's focus on consistency of clinical practice is continuing, in addition to requiring staff to take training on Positive Behavior Supports. The Department is working with the programs to develop consistent processes and documentation across all of the REACH Programs.
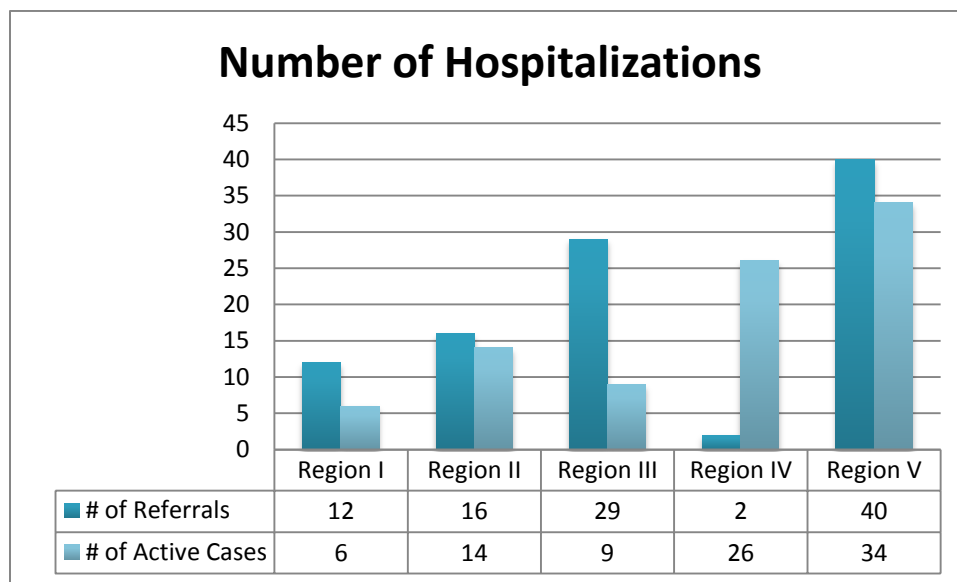
DBHDS is in negotiations to finalize awards for the building of two homes that, although not a part of crisis services, will help to address the capacity issue at the CTH. CTH capacity is greatly affected by those individuals who do not have stable residential settings and that these

account for a significant number of the stays that exceed 30 days. These homes are being developed for individuals who have transitional housing needs while the system ensures that an appropriate provider is developed for them in the Commonwealth.

Overall, the programs continue to move forward in support of the mission for a full spectrum of crisis, prevention and habilitation services to be offered to Virginians with a developmental disability. Many challenges have already been overcome, and the Department is in a good position to address those that remain.
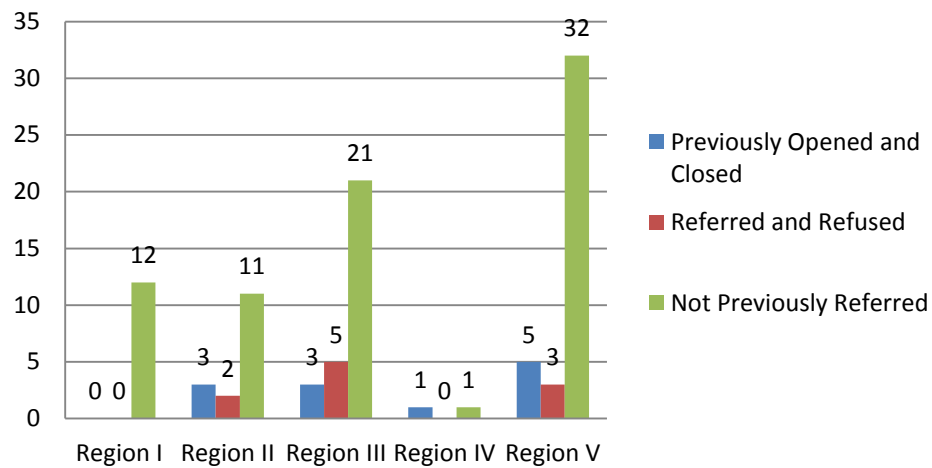
ADDENDUM

The graphs in this addendum are provided to supplement the information contained in the larger quarterly report. While the REACH programs remain actively involved with all hospitalized cases *when they are aware of this disposition*, they may not always be apprised that a REACH client has been hospitalized or that an individual with DD has entered inpatient treatment. While the process of notifying the REACH teams when a prescreening is needed has improved tremendously as a result of new procedures, it remains the case that individuals are sometimes hospitalized without REACH being aware. REACH is active throughout all known psychiatric admissions, including attending commitment hearings, attending treatment team meetings, providing supportive visits, and consultation to the treatment team.

Number of Hospitalizations

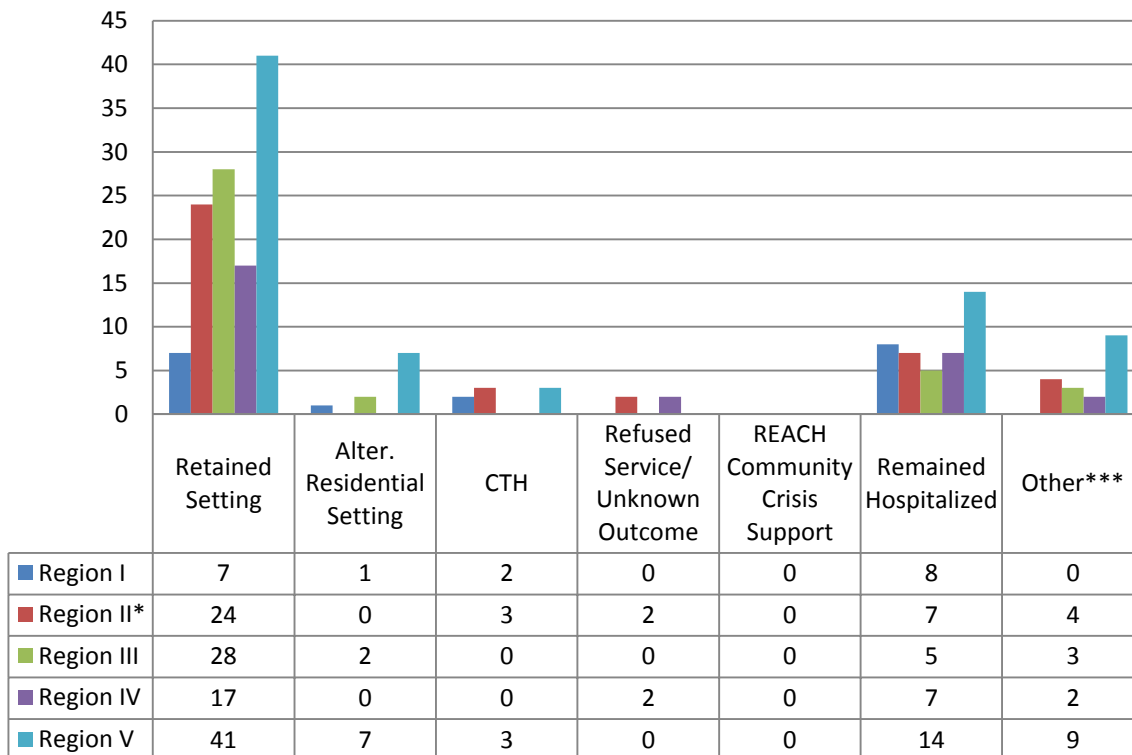|	Region I	Region II	Region III	Region IV	Region V
# of Referrals	12	16	29	2	40
# of Active Cases	6	14	9	26	34

The programs are tracking new referrals according to whether individuals previously received supports through REACH and were closed, were referred but refused follow up services, or were first time referrals.

Status of New Referrals

Legend:
- Previously Opened and Closed
- Referred and Refused
- Not Previously Referred

Region	Previously Opened and Closed	Referred and Refused	Not Previously Referred
Region I	0	0	12
Region II	3	2	11
Region III	3	5	21
Region IV	1	0	1
Region V	5	3	32

Psychiatric Hospitalizations: Known Dispositions

	Retained Setting	Alter. Residential Setting	CTH	Refused Service/ Unknown Outcome	REACH Community Crisis Support	Remained Hospitalized	Other***
Region I	7	1	2	0	0	8	0
Region II*	24	0	3	2	0	7	4
Region III	28	2	0	0	0	5	3
Region IV	17	0	0	2	0	7	2
Region V	41	7	3	0	0	14	9

*Region II = 3 individuals were hospitalized more than 1 time.
***Other = Jail, MH CSU, shelter, moved to another state

LAW ENFORCEMENT INVOLVEMENT

Crisis Calls Involving Law Enforcement

Bar chart showing Total Crisis Calls and Calls Involving LE by region:
- Region I: Total Crisis Calls 63, Calls Involving LE 2
- Region II: Total Crisis Calls 66, Calls Involving LE 28
- Region III: Total Crisis Calls 83, Calls Involving LE 38
- Region IV: Total Crisis Calls 101, Calls Involving LE 21
- Region V: Total Crisis Calls 123, Calls Involving LE 59